2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 31, 2006 8:00 am Secretary of State **DOCUMENT # P98000050274** 1. Entity Name 03-31-2006 90012 023 ***150.00 STRATEGIC HOME SERVICES, INC. Principal Place of Business Mailing Address 1825 SW 50 TERRACE 1825 SW 50 TERRACE 40042078 CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chq-P CR2E034 (11/05) City & State City & State 4 FFI Number Applied For 65-0852195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENO, MICHAEL S II Street Address (P.O. Box Number is Not Acceptable) **1825 SW 50 TERRACE** CAPE CORAL, FL 33914 Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS TITLE ☐ Delete ΠIF ☐ Change ☐ Addition NAME DENO, MICHAEL S II NAME STREET ADDRESS **1825 SW 50 TERRACE** STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP VP VΡ Delete TITLE TITLE ☐ Addition DENO, COREY DENO, COREY NAME NAME 27066 HAMBURONES BLVD STREET ADDRESS 27066 HAWK PKWY STREET ADDRESS CITY-ST-ZIP PUNTA GOLDA, FL 33783 PUNTA GORDA, FL 33983 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TILLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

SIGNATURE: _ MICHAELS. DENO IT

changed, or on an attachment with an address, with all other like empowered